PTO/S8/17 (06-07)
Approved for use through 06/30/2007. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF CONSTRUCT

Under the P	aperwork Reduction Act of	1995, no person are rec	uired to	respond to a collection				3 control number	
Effective on 1208/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818). FEE TRANSMITTAL For FY 2007				Complete if Known					
				7 - ppinopinoti 1 tanina ci		10/712,095-Conf. #8209			
				Filing Date		November 14, 2003			
				First Named Inventor Examiner Name		Kazushige SUGIMOTO			
\vdash									
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 910.00			Art Unit 1732						
TOTAL AMOU	INT OF PAYMENT		Attorney Docket No. 3673-0161P						
METHOD O	F PAYMENT (check	all that apply)							
Check	Credit Card	Money Order	Nor	ne Other	please ident	tify):			
X Deposit A	ccount Deposit Account	Number: 02-2448 De	posit Acc	ount Name:	Birch, Ste	ewart, Kolasch	& Birch, I	LLP	
For the	above-identified depo	sit account, the Dir	ector is	hereby authorize	ed to: (chec	ck all that apply)			
×	Charge fee(s) indicated	below		Charg	e fee(s) inc	dicated below, ex	cept for t	he filing fee	
	Charge any additional t se(s) under 37 CFR 1		nents of	x Credit	any overpa	ayments			
FEE CALCU	LATION								
1. BASIC FILIN	NG, SEARCH, AND E	XAMINATION FEE	s						
	FILING FEES SEARCH FEES EXAMINATION FE								
Application 1	Type Fee (\$	Small Entity) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	300	150	500	250	200	100	-		
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	. 150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CL	AIM FEES							Small Entity	
Fee Description Each claim over 20 (including Reissues)							Fee (\$)	Fee (\$) 25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims							360	180	
							nt Claims		
12 -20 = x =							ee Paid (
HP = highest num	nber of total claims paid for	if greater than 20.						_	
Indep. Claims	Extra Claims	Fee (\$)	Fee F	aid (\$)				_	
3	-3=	·							
	nber of independent claims	paid for, if greater than	3.						
3. APPLICATIO				/					
	ation and drawings ex der 37 CFR 1.52(e)),							0	
	raction thereof. See 3					,,		•	
Total Shee	ts Extra Sheet	Number of	each a	dditional 50 or frac	tion thereo	f Fee (\$)	Fee	Paid (\$)	
	- 100 =	/50 =		(round up to a who	de number)	×			
4. OTHER FEE							Fees	Paid (\$)	
Non-English	h Specification, \$130	fee (no small enti	ty disco	ount)					
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 1251 Extension for response within first month								790.00 120.00	
		1201 EXIGNOION	101 166	ponse want in	at monu			.0.00	
SUBMITTED BY	//#//		_	Registration No.		1			
Signature	Andrew D. Meikle			(Attorney/Agent)	32,868	Telephone	(703) 205-8000		
Nama (Print/Type)			Date	June 27	, 2007				